

PROVIDER: _____ UNIT: _____ DATE: _____

RANK/GRADE: _____ Last 4 of SSN: _____ CATEGORY (circle): CG PHS CIV-GS
CIV-CONTR DOD AUX

REQUEST OF CLINICAL PRIVILEGES (CG-5575A)

PHYSICIAN ASSISTANT / FAMILY NURSE PRACTITIONER

PRIMARY CARE CORE PRIVILEGES

DIAGNOSTIC MANAGEMENT: Provide management of diagnosis and administrative process per acceptable standards of medical practice in the following:

- Analyze and interpret data, formulate diagnosis and establish plans for the management of health care
- Collect specimens for pathological and cytological examinations
- Counsel patients on medical problems, use of medications, and expected effects of therapeutic interventions
- Educate patients on family planning, safe sexual practices, wellness, cancer/disease prevention, and safety issues
- Initiate consultation request to specialists and other appropriate health professionals
- Initiate fitness for duty determinations to include medical boards
- Order appropriate laboratory, radiological, electrocardiograms, and other specialized studies
- Perform health maintenance for well patients including administering / supervising immunizations
- Prescribe medications as determined by the Medical Manual and local clinic/MTF policy
- Function as a Designated Medical Officer Adviser and Designated Supervising Medical Officer
- Take, evaluate, record medical history, and perform physical examinations to include occupational medicine
- Treat routine, acute, and chronic medical problems within scope of competence and exercised clinical judgment

MEDICAL MANAGEMENT: Provide initial and subsequent evaluations; establish working diagnosis, treatment, and case management per accepted treatment and management standards of care in the following Family Practice/Primary care areas:

Cardiovascular systems	Genitourinary systems	Neurological systems	Psychiatric/behavioral systems
Dermatology systems	Gynecologic systems	Ophthalmologic systems	Respiratory systems
Emergent/Urgent medical problems	Hematological systems	Otorhinolaryngology systems	Rheumatology systems
Endocrinology systems	Infectious diseases	Pediatric systems (>2 yrs)	Well child care (>2 yrs)
Gastrointestinal systems	Musculoskeletal systems	Preventive Health	

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CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT & FAMILY NURSE PRACTITIONER (continued)

CLINICAL PROCEDURES: Perform clinical procedures per accepted standards of medical practice and local policy in the following:			
Aspiration/injection of joints/cysts	Intravenous therapy/hydration	Pelvic exams/PAP smear	Slit lamp examination
Biopsy; shave, punch, excision	Laceration repair (uncomplicated)	Physical examinations	Thrombosed hemorrhoid mgm
Digit nail removal	Laryngoscopy, indirect	Proctoscopy	Tympanometry
Foley Catheterization	Lavage; Cannulation/gastric	Provider performed microscopy	Vaginal diaphragm fitting
Foreign body removal (simple)	Local anesthesia	Radiographic interpretation (initial)	Venipuncture, peripheral
Fracture/dislocation mgm (simple)	Nasal packing	Removal of foreign body	Wound management
Incision & drainage of abscess	Ocular trauma mgm (simple)	School/Sport physicals	

SUPPLEMENTAL PRIVILEGES

* <u>SUPPLEMENTAL PRIVILEGES</u>	PA/NP	SMO Recommendation		CG 112/PM Recommendation	
** (Original Initials Required)	Requesting	<u>Approval</u>	<u>Disapproval</u>	<u>Approval</u>	<u>Disapproval</u>
Aviation Physician Assistant	_____	_____	_____	_____	_____
IUD Insertion/removal	_____	_____	_____	_____	_____
Norplant Insertion/removal	_____	_____	_____	_____	_____
Endometrial Biopsy	_____	_____	_____	_____	_____
Prenatal care (routine)	_____	_____	_____	_____	_____
Well-baby care < 2-y/o	_____	_____	_____	_____	_____
Others: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
[] Check box if NO additional privileges required					
SUPERVISING PHYSICIAN'S ADDITIONAL RECOMMENDATIONS/RESTRICTIONS:					

* Providers requesting supplemental clinical privileges must submit additional documentation supporting training and education.

** Original initials required on each line of requested supplemental. An "X" or a "√" will not be accepted

CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT & FAMILY NURSE PRACTITIONER (continued)

PROVIDER: _____ UNIT: _____ DATE: _____

REVIEW AND SIGNATURES

PA/NP REQUESTING PRIMARY CARE PRIVILEGES:

SIGNATURE _____ DATE: _____

SUPERVISING PHYSICIAN: _____ DATE: _____

CHIEF, HEALTH SERVICES DIVISION: _____ DATE: _____

** CG-112 Program Manager will sign BELOW if CHSD is same as the requesting provider.

CG112 PROGRAM MANAGER: _____ DATE: _____

COMMENTS: _____

CHAIRPERSON, PROFESSIONAL REVIEW COMMITTEE

SIGNATURE: _____ DATE: _____

DIRECTOR OF HEALTH AND SAFETY

SIGNATURE: _____ DATE: _____